

Application for Child Care Plan Review

Michigan Department of Labor & Economic Growth
Bureau of Fire Services

253

OVERNIGHT DELIVERY

Michigan Dept. of Labor & Economic Growth
Bureau of Fire Services
Child Care Section
300 N. Washington Square, 4th Floor
Lansing, MI 48913-0001

Child Care Section
P.O. Box 30700
Lansing, MI 48909
517/335-3529 Fax 517/335-4061

AGENCY USE ONLY

PROJECT # 4061

Authority: 1973 PA 116 Completion: Voluntary Penalty: Project will not be reviewed	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Project Description

FACILITY NAME			STREET / SITE ADDRESS		
CITY	STATE	COUNTY	ZIP CODE	FIRE DEPARTMENT (Required)	
SCOPE OF WORK (Floor, Wing, etc.)					

Review Requested

<input type="checkbox"/> Construction Plans/Spec's	<input type="checkbox"/> Addendum # _____	<input type="checkbox"/> Modification Request	*Specify Below
<input type="checkbox"/> Consultation		<input type="checkbox"/> Fire alarm*	<input type="checkbox"/> NOT related to a current project
<input type="checkbox"/> Inspection	<input type="checkbox"/> Bulletin # _____	<input type="checkbox"/> Hood suppression*	
		<input type="checkbox"/> Sprinkler*	<input type="checkbox"/> Related to existing Child Care project # _____

Facility / Project To Be Reviewed

<input type="checkbox"/> Child Care Center Capacity _____	<input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Secure <input type="checkbox"/> Open (7-15) <input type="checkbox"/> Open (more than 15) <input type="checkbox"/> Residential Group Home (6 or less) <input type="checkbox"/> Juvenile Court Operated	<input type="checkbox"/> Children's Camp <input type="checkbox"/> Capacity _____ <input type="checkbox"/> Sleeping <input type="checkbox"/> Yes <input type="checkbox"/> No
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Building Data

Original Year Constructed: _____	This Submittal: <input type="checkbox"/> Addition <input type="checkbox"/> Conversion <input type="checkbox"/> New Building <input type="checkbox"/> Remodeling/Alteration	Square Footage - New Work: _____ Square Footage - Existing: _____ Type of Construction (per NFPA 220): _____
Your AIA/PE Job #: _____		
Number of Stories (including basement): _____		
Sprinklers: <input type="checkbox"/> Completely <input type="checkbox"/> Partially		

Applicant

NAME			ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO. (Include Area Code)	FAX NO. (Include Area Code)	

Architect / Engineer

NAME		LICENSE NUMBER	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO. (Include Area Code)	FAX NO. (Include Area Code)	

Facility Contact Person

NAME			ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO. (Include Area Code)	FAX NO. (Include Area Code)	

To Expedite Your Review

- All submittals must be accompanied by an Application for Child Care Plan Review (BFS-13) completely filled out.
Provide all requested information.
An "n/a" designation is helpful for areas where information does not pertain to the project.
- Only **ONE** set of construction documents or related specification drawings is required.
- Plans must be sealed by an architect or engineer registered in the State of Michigan when the cost of the project, including labor and materials exceeds \$15,000.
- All floor plans shall indicate exit locations, identify all room uses, and sprinkler coverage, if any.
- Furnish approved design numbers of all fire related assemblies.
- Changes to previously reviewed drawings must be specifically brought to our attention for review and comment.

Project Description

Please indicate the floor or work site to assist in identifying the project location, as well as:

- The architect's or engineer's project number.
- Square footage of new building, addition, remodeling, etc.
- Square footage of an existing building.
- Project Scope (description of project).